EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤ NJD002150993

L A DREYFUS COMPANY
P O BOX 500
S PLAINFIELD NJ 07080

INSTALLATION ADDRESS ➤ 3775 PARK AVENUE
EDISON NJ 08817

EPA Form 8700-12B (4-80)

10/09/80

OMB#: 2050-0028 Expires 1/31/2006

FED X

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**	2007 DEC 17 PM 1:37

1. Reason for Submittal (See instructions on page 13.)

MARK ALL BOX(ES) THAT APPLY

Reason for Submittal:

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____)
- ☐ As a component of the Hazardous Waste Report

2. Site EPA ID Number (page 14)

EPA ID Number: NJD002150993

3. Site Name (page 14)

Name: L.A. DREYFUS COMPANY

4. Site Location Information (page 14)

Street Address: 3775 PARK AVE

City, Town, or Village: EDISON | State: NJ

County Name: MIDDLESEX | Zip Code: 08820

5. Site Land Type (page 14)

Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)

A. 311340 | B.

C. | D.

7. Site Mailing Address (page 15)

Street or P. O. Box: 1132 BLACKHAWK STREET

City, Town, or Village: CHICAGO

State: IL

Country: COOK | Zip Code: 60622

8. Site Contact Person (page 15)

First Name: ANDREW | MI: | Last Name: HOLYNSKYJ

Phone Number: 312-794-6519 | Extension: | Email address:

9. Operator and Legal Owner of the Site (pages 15 and 16)

A. Name of Site's Operator: VACANT | Date Became Operator (mm/dd/yyyy): 11/15/2007

Operator Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Legal Owner: UNKNOWN | Date Became Owner (mm/dd/yyyy): 11/15/2007

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

9. Legal Owner (Continued) Address	Street or P. O. Box:	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

Y ☐ N ☒ **1. Generator of Hazardous Waste**
If "Yes", choose only one of the following - a, b, or c.

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous Waste

Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ **2. Transporter of Hazardous Waste**

Y ☐ N ☒ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

Y ☐ N ☒ **4. Recycler of Hazardous Waste (at your site)**

Y ☐ N ☒ **5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark each that applies.
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒ **6. Underground Injection Control**

B. Universal Waste Activities

Y ☐ N ☒ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:**

	Generate	Accumulate
a. Batteries	☐	☐
b. Pesticides	☐	☐
c. Thermostats	☐	☐
d. Lamps	☐	☐
e. Other (specify) _____	☐	☐
f. Other (specify) _____	☐	☐
g. Other (specify) _____	☐	☐

Y ☐ N ☒ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

Y ☐ N ☒ **1. Used Oil Transporter**
If "Yes", mark each that applies.
- ☐ a. Transporter
- ☐ b. Transfer Facility

Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark each that applies.
- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒ **3. Off-Specification Used Oil Burner**

Y ☐ N ☒ **4. Used Oil Fuel Marketer**
If "Yes", mark each that applies.
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID NO: NJD 010 121 510 919 63 OMB#: 2050-0028 Expires 1/31/2006

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

N/A						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

N/A						

12. Comments (See instructions on page 21.)

LADCO CEASED OPERATIONS IN DECEMBER 2006. PROPERTY WAS SOLD IN NOVEMBER 2007.

PLEASE TERMINATE EPA IDENTIFICATION NUMBER.

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11).
(See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
[signature]	Director - ESH	11/20/2007

ENVIRON

2007 DEC 17 PM 1:37

December 14, 2007

Jack Hoyt
United Stated Environmental Protection Agency: Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch, 22nd Floor
290 Broadway
New York, NY 10007-1866

Re: Former L. A. Dreyfus Company (LADCO) Facility
3773 Park Avenue, Edison, New Jersey
Hazardous Waste Generator Identification Number NJD002150993

Dear Mr. Hoyt:

In December 2006, manufacturing operations ceased at the LADCO facility in Edison, New Jersey. Between January and March 2007, the facility was decommissioned, and on November 15, 2007, the property was sold. LADCO's last waste shipment from the site occurred on November 28, 2007, and included the offsite shipment of various residual amounts of nonhazardous and hazardous wastes found when conducting a final cleanout of facility cabinets and storage areas. LADCO will no longer be generating any hazardous wastes at the facility and is herein requesting that the United Stated Environmental Protection Agency (USEPA) terminate the above-referenced USEPA hazardous waste generator identification number that had been assigned to the site. A RCRA Subtitle C Site Identification Form requesting this termination is enclosed.

LADCO typically generated very small amounts of hazardous wastes (approximately four drums annually of waste solvent and lab chemicals), except for when it serviced an onsite water treatment system and replaced the activated carbon, which was contaminated with chlorinated volatile organic compounds. On these occasions, which occurred once every one to two years, the facility became a large quantity generator of hazardous wastes. No such disposal of activated carbon occurred in 2007. As such, the facility was never a large quantity generator of hazardous wastes in 2007 and will not be required to submit a Biennial Hazardous Waste Report. As previously noted, the last shipment of hazardous waste generated by LADCO at this facility occurred on November 28, 2007.

Please do not hesitate to contact me at 973-286-4265 if you have any questions.

Sincerely,

Tavia Rutledge
Manager

TAR:kjd
02-15513D:PRIN_WP\26987v1.DOC

Enclosure.

cc: Andrew Holynskyj – Wm. Wrigley Jr. Company
Ken Fischer – Wm. Wrigley Jr. Company

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

Notified for Park Ave facility needs #D #

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F NJD002150993 T/A 2 C 1		800818

I. NAME OF INSTALLATION

LADREYFUS COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 500

CITY OR TOWN	ST.	ZIP CODE
4 S PLAINFIELD	NJ	07080

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 3775 PARK AVENUE

CITY OR TOWN	ST.	ZIP CODE
6 EDISON	NJ	08817

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
2 DEVANSKY ROBERT VP PRODUCTION	201-549-1600

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 LADREYFUS COMPANY

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*
F = FEDERAL
M = NON–FEDERAL
M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: NJD002150993

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

S												T/A	C
W	M	J	D	0	0	2	7	5	0	9	9	3	2	1
1	2										13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001					
7	**8**	**9**	**10**	**11**	**12**

DETACH

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U154	U210	U213	U220	U044	U239
37	**38**	**39**	**40**	**41**	**42**
43	**44**	**45**	**46**	**47**	**48**

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

1. IGNITABLE (D001)	2. CORROSIVE (D002)	3. REACTIVE (D003)	4. TOXIC (D000)
X	X	X	X

X. CERTIFICATION

DETACH

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Robert A Devansky	Robert A. Devansky Vice President/Production	8-15-80

ap

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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INSTALLATION'S EPA I.D. NO.: NJD002150993

I. NAME OF INSTALLATION: DREYFUS LA CO*

II. INSTALLATION MAILING ADDRESS: 3775 PARK AVE
S PLAINFIELD, NJ 07080

III. LOCATION OF INSTALLATION: 3775 PARK AVE
S PLAINFIELD, NJ 07080

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
S F NJD002150993 T/A 3 C 1		800709

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: C 3

CITY OR TOWN: C 4 | ST. | ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: C 5

CITY OR TOWN: C 6 | ST. | ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
C 2 DEVANSKY ROBERT VP PRODUCTION	201-549-1600

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: C 8 WM WRIGLEY JR CO

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*
F = FEDERAL
M = NON-FEDERAL
M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: NJD002150993

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

S												T/A	C
W	N	J	D	0	0	2	1	5	0	9	9	3	2	1
1	2										13	14	15	

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

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1	2	3	4	5	6
F001					
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

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31	32	33	34	35	36
U154	U210	U213	U220		
37	38	39	40	41	42
43	44	45	46	47	48

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49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Robert A. Iwanusky	Vice President - Production	7/3/80

EPA Form 8700-12 (6-80) REVERSE

RP

TSD Status Update
- Input to comment field

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT
32 E. Hanover St., CN 027, Trenton, N.J. 08625

JACK STANTON
DIRECTOR

LINO F. PEREIRA
DEPUTY DIRECTOR

August 5, 1983

Chester A. Czaslicki, Production Manager
L.A. Dreyfus Company
PO Box 500
South Plainfield, NJ 07080

RE: Facility Operating Status

GH
AWOMS
9/8/83

Dear Mr. Czaslicki:

The Bureau of Hazardous Waste Engineering has reviewed your company's responses dated December 7, 1982 and March 2, 1983 to the Notice of Violation, Failure to Submit Annual Report. The Bureau finds that these responses contain adequate information to determine the operating status of this facility with respect to N.J.A.C. 7:26-1 et seq., the New Jersey Hazardous Waste Management Regulations. The Bureau has determined that the company's hazardous waste treatment, storage or disposal facility as delineated in the company's RCRA Part A application and identified by the following EPA ID Number:

EPA ID NO. NJD 002150993

has been excluded from applicable facility regulations under N.J.A.C. 7:26-1.1 et seq. because your facility accumulates hazardous waste on-site for less than 90 days. This exclusion classifies your facility solely as a generator provided the following conditions are complied with:

1. All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.

2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).

3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.

4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

This written acknowledgement of the exclusion of the above identified facility from N.J.A.C. 7:26-1 et seq. is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occuring at the site mentioned above.

Your company's hazardous waste facility above is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3) and therefore does not need to conform with the interim operating requirments of N.J.A.C. 7:26-1 et seq. for "existing facilities" which would include the TSD facility annual report. It is the company's responsibility to operate within the conditions listed above. To operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

As a result of the conclusions previously made, the Notice of Violation entitled "Failure to Submit Annual Report" signed by Mr. David Shotwell is rescinded and need not be complied with.

If you have any questions on this matter, please call my office at (609) 292-9880.

Very truly yours,

Frank Coolick, Chief
Bureau of Hazardous Waste Engineering

FC:jb

c: Ron Corcory
NJDEP, DWM, Bureau of Field Operations

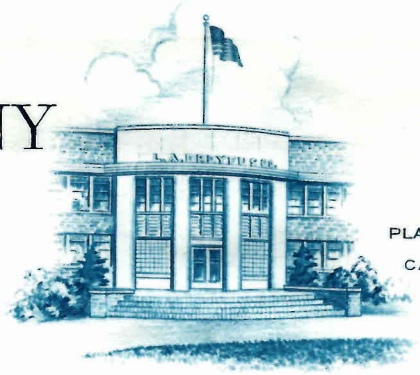
Dave Shotwell
NJDEP, DWM, Bureau of Compliance and Enforcement

Joel Golumbek
USEPA, Region II

Dr. Dave Leu
NJDEP, DWM, BHWCM

L. A. DREYFUS COMPANY

MAIL ADDRESS
P. O. BOX 500, SOUTH PLAINFIELD, N. J.
07080 U.S.A.
TELEPHONE: AREA CODE 201 549-1600



PLANT: 3775 PARK AVE., EDISON, N.J.
CABLE: "LADCOMP-EDISON (NJER)"
TWX: 710-998-0548

July 15, 1980

Ms. Roma Phillips
EPA - Region II
Information Service Center
26 Federal Plaza
New York, New York, 10007

Re: NJD002150993

Dear Ms. Phillips:

This letter is to confirm our conversation of today concerning a possible misinterpretation of small quantity exclusions, as stated in your pamphlet, Identification and Listing of Hazardous Waste.

In our notification we had listed under Section "C", the following numbers:

U154 (Methanol)
U213 (Tetrahydrofuran)
U220 (Toluene)
U210 (Tetrachloroethylene)

The usages of the first three items are between two and ten kilos per month and the last about 250 kilos per month. In reading Section "c" of paragraph 261.5, we find a one kilo per month limit applied to those substances appearing in Section "e" of paragraph 261.33. We, unfortunately, have placed in our notification, toxics that appear in Section "f", paragraph 261.33, which fall under the categorical exclusions of paragraph 261.5 (Sections "a" and "b" only). Since our usage of these materials is below the 1,000 kilos per month limit, your consideration in removing them from our notification would be greatly appreciated.

Thank you for your indulgence.

Sincerely,

Chester A. Czaplicki

Chester A. Czaplicki
Assistant to the
Plant Superintendent

CAC:mdes

cc: Mr. S. M. Cannavo
Mr. V. C. Bonica
Mr. J. W. Foster

DATE RETURNED _____

REASON _____

☐ ACKNOWLEDGEMENT SENT

Complete

INTERNAL CHECKLIST ID # NJD002150993

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

D. (1) NON-NOTIFIER ☐

(2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐

E. (1) FORM 1, XIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2.
A. HANDLER ☐

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY (missing name and address on Form 3) ☐

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

MISSING:

MAP ☐

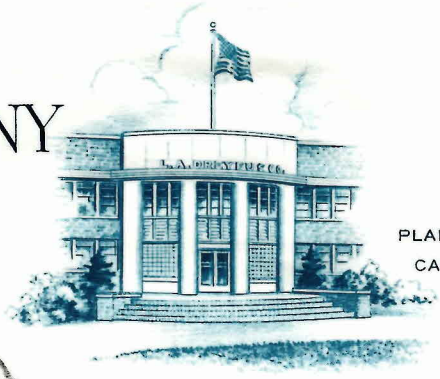
DRAWING ☐

PHOTO ☐

AOK.

L. A. DREYFUS COMPANY

MAIL ADDRESS
P. O. BOX 500 SOUTH PLAINFIELD, N. J.
07080 U. S. A.
TELEPHONE: AREA CODE 201 549-1600



PLANT: 3775 PARK AVE., EDISON, N. J.
CABLE: "LADCOMP-EDISON (NJER)"
TLX: 475-4051

- Verify that only Storage was indicated on their Part A. If OK delete T&D C&S NB

December 7, 1982

~~NJD001305788~~

Dr. Richard Baker
U.S. EPA Region II
26 Federal Plaza
New York, New York, 10278

Dear Sir:

delete C119, C1105 C1103, date

The L. A. Dreyfus Company (EPA ID #NJD002150993) is currently listed as a generator of hazardous waste and a T.S.D. facility. The classification as a T.S.D. facility has been maintained so that we might accumulate sufficient waste to make full truckload shipments. Unfortunately we border on being a small quantity generator and the accumulation takes about a year and a half. With more registered vendors now willing to take small shipments, we find we are able to ship within the 90-day time limit.

GH MW OMS 12/28/82

By way of this letter we are requesting that the L. A. Dreyfus Company be delisted as a T.S.D. facility and remain only as a generator. Your prompt attention to this matter would be greatly appreciated.

Sincerely,

Chester A. Czaplicki

Chester A. Czaplicki
Production Manager

file

CAC:mdes

cc: New Jersey Department of Environmental Protection

RCRA INSPECTION REVIEW SHEET

36

Name of Facility - LA Dreyfus Company
RCRA ID= - NJD002150993
Date of Inspection - 11/10/81
Type of Inspection: (Generator) Transporter (TSD) Follow up
Name of EPA/State Inspector - Bob Dante NJDEP

Findings of Inspection: The facilities has corrected all paper violations and is now in full compliance.

Action(s) Taken: NONE

Action(s) Recommended: NONE

RCRA GENERATOR INSPECTION FORM

COMPANY NAME: L A DREYFUS Company

EPA I.D. NUMBER: NJD002150993

COMPANY ADDRESS: 3775 Park Ave
Edison

COMPANY CONTACT OR OFFICIAL:
Chet Czaplicki

INSPECTOR'S NAME: Bob Dante

TITLE: Production Manager
SAYS IT

BRANCH/ORGANIZATION: NJDEP

CHECK IF FACILITY IS ALSO A TSD FACILITY /✓

DATE OF INSPECTION: 11/10/81

	YES	NO	DON'T KNOW
(1) Is there reason to believe that the facility has hazardous waste on site?	✓		

a. If yes, what leads you to believe it is hazardous waste? Check appropriate box:

/✓ Company admits that its waste is hazardous during the inspection.

/✓ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

/✓ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

/ / The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

/✓ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

/✓ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

/ / Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

	YES	NO	DON'T KNOW
b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?	___	✓	___

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.
25 - 55 gallon drums of perkchloroethylene
23 - 55 gallon drums of Varisol

d. Describe the activities that result in the generation of hazardous waste. Precreasing gum base plates

(2) Is hazardous waste stored on site?	✓	___	___
a. What is the longest period that it has been accumulated? 2 years			
b. Is the date when drums were placed in storage marked on each drum?	✓	___	___
(3) Has hazardous waste been shipped from this facility since November 19, 1980?	___	✓	___
a. If "yes," approximately how many shipments were made?			
(4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?			
a. Does it appear from the available information that there is a manifest copy available for <u>each</u> hazardous waste shipment that has been made?	___	___	___
b. If "no" or "don't know," please elaborate.			

	YES	NO	DON'T KNOW
c. Does each manifest (or a representative sample) have the following information?			
- a manifest document number	___	___	___
- the generator's name, mailing address, telephone number, and EPA identification number	___	___	___
- the name, and EPA identification number of each transporter	___	___	___
- the name, address and EPA identification number of the designated facility and an alternate facility, if any:	___	___	___
- a description of the wastes (DOT)	___	___	___
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle	___	___	___
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA	___	___	___
(5) Were there any hazardous wastes stored on site at the time of the inspection?	✓	___	___
a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure?	✓	___	___
b. If not properly packaged or in secure tanks, please explain.			
c. Are containers clearly marked and labelled? 265.34(a)	✓	___	___
d. Do any containers appear to be leaking? 265.30	___	✓	___
e. If "yes," approximately how many?			

*(6) Has the generator submitted an annual report to EPA covering the previous calendar year? 262.41(b) N/A ___ ___

a. How do you know?

(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago? 262.42(a)+(b) N/A ___ ___

a. If "no," have Exception Reports been submitted to EPA covering these shipments? ___ ___ ___

(8) General comments.

* The effective date for this requirement is March 1, 1982.

RCRA INSPECTION REVIEW SHEET

Name of Facility - LA Dreyfus
RCRA ID# - NJD002150993
Date of Inspection - 8/5/81
Type of Inspection: Generator X Transporter TSD X
Name of EPA/State Inspector - Tom Downey

Findings of Inspection:

265.13 Incomplete waste analysis plan

265.16 Incomplete personnel training plan

Action(s) Taken:

Action(s) Recommended:

Notice of violation be issued for above violation.

RCRA GENERATOR INSPECTION FORM

COMPANY NAME: L.A. Dreyfus

EPA I.D. NUMBER: NJD002150993

COMPANY ADDRESS: 3775 Park Ave
Edison N.J.

COMPANY CONTACT OR OFFICIAL: Chester A. Czaplicki

INSPECTOR'S NAME: Tom Downey

TITLE: Production Manager

BRANCH/ORGANIZATION: NJDEP

CHECK IF FACILITY IS ALSO A TSD FACILITY ☒

DATE OF INSPECTION: 8/5/81

	YES	NO	DON'T KNOW
(1) Is there reason to believe that the facility has hazardous waste on site?	✓		

a. If yes, what leads you to believe it is hazardous waste? Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☒ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

	YES	NO	DON'T KNOW
b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?	___	X	___

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

25, 55 gal. drums Perchloroethylene
19, 55 gal. drums Varsol (Solvent NOS)
5, 55 gal. drums Mixed Solvent

d. Describe the activities that result in the generation of hazardous waste.

Lab waste
Degreasing - Perchloroethylene
Varsol - Naphtha (safety solvent) (parts cleaning)

(2) Is hazardous waste stored on site?	X	___	___
a. What is the longest period that it has been accumulated? Nov. 19, 1980			
b. Is the date when drums were placed in storage marked on each drum?	X	___	___
(3) Has hazardous waste been shipped from this facility since November 19, 1980?	[illegible]	X	___
a. If "yes," approximately how many shipments were made? [illegible]			
(4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980? [illegible] Wolbinger has been sent off site since Nov. 19, 1980			
a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made? [illegible]		___	___

b. If "no" or "don't know," please elaborate.

	YES	NO	DON'T KNOW
c. Does each manifest (or a representative sample) have the following information?			
- a manifest document number	___	___	___
- the generator's name, mailing address, telephone number, and EPA identification number	___	___	___
- the name, and EPA identification number of each transporter	___	___	___
- the name, address and EPA identification number of the designated facility and an alternate facility, if any:	___	___	___
- a description of the wastes (DOT)	___	___	___
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle	___	___	___
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA	___	___	___
(5) Were there any hazardous wastes stored on site at the time of the inspection?	X	___	___
a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure?	X	___	___
b. If not properly packaged or in secure tanks, please explain.			
c. Are containers clearly marked and labelled? 265.34(d)	X	___	___
d. Do any containers appear to be leaking? 265.34	___	X	___
e. If "yes," approximately how many?			

*(6) Has the generator submitted an annual report to EPA covering the previous calendar year? 262.41(b) NA ___ ___ ___

a. How do you know?

(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago? 262.42(a)-(b) NA ___ ___ ___

a. If "no," have Exception Reports been submitted to EPA covering these shipments? ___ ___ ___

(8) General comments.

L.A. Dreyfus manufactures chewing gum. Facility was neat and orderly with generally good housekeeping.

* The effective date for this requirement is March 1, 1982.

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

OK

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S														T/A	C
F	N	J	D	0	0	2	1	5	0	9	9	3		3	D
1	2											13		14	15

LABEL ITEMS

- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold—faced terms.**

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: L A DREYFUS COMPANY

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 DEVANSKY ROBERT VP PRODUCTION	201 549 1600

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 PO BOX 500

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 SOUTH PLAINFIELD	NJ	07080

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 3775 PARK AVENUE

B. COUNTY NAME

MIDDLESEX

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 EDISON	NJ	08817	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
(specify) 2067 CHEWING GUM BASE MANUFACTURERS	(specify) N/A
C. THIRD	**D. FOURTH**
(specify) N/A	(specify) N/A

VIII. OPERATOR INFORMATION

A. NAME: L A DREYFUS COMPANY

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC (other than federal or state), O = OTHER (specify)
P (specify)

D. PHONE (area code & no.): A 201 549 1600

E. STREET OR P.O. BOX: PO BOX 500

F. CITY OR TOWN: B SOUTH PLAINFIELD

G. STATE: NJ

H. ZIP CODE: 07080

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N NJ 0001210	9 P
B. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**
9 U	9 (specify)
C. RCRA (Hazardous Wastes)	**E. OTHER (specify)**
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

The L. A. Dreyfus Company using both natural and synthetic food grade raw materials, compounds chewing gum base for sale to the chewing gum industry.

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Robert A. Devansky Vice President/Production	Robert A Devansky, Vice Pres.	11/17/80

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA — EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S													T/A	C
F	N	J	D	0	0	2	1	5	0	9	9	3	3	1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
	8 0 1 1 1 9	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

C = 8

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR.	MO.	DAY
6 3	0 9	0 1

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A	C
C	DUP		1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1	S 0 1	6160 000	G	
2				
3				
4				

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
5				
6				
7				
8				
9				
10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER *(enter from page 1)*: S W | N J D 0 0 2 1 5 0 9 9 3 | T/A 3 | C 1

FOR OFFICIAL USE ONLY: S W | DUP | T/A 3 | C 2 | DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
1	F001	10,000 000	P	S01	
2	U154	25000	P	S01	
3	U213	200000	P	S01	
4	U220	75000	P	S01	
5	U044	50000	P	S01	
6	U239	10000	P	S01	
7	D001	5,000 000	P	S01	
8	D002	10 000	P	S01	
9	D003	5000	P	S01	
10	D004	5000	P	S01	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

F6: A/55 F6: A/56

EPA I.D. NO. *(enter from page 1)*

F | N J D 0 0 2 1 5 0 9 9 3 | T/A 3 | C 6

V. FACILITY DRAWING

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground--level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
40 34 270	074 23 090

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

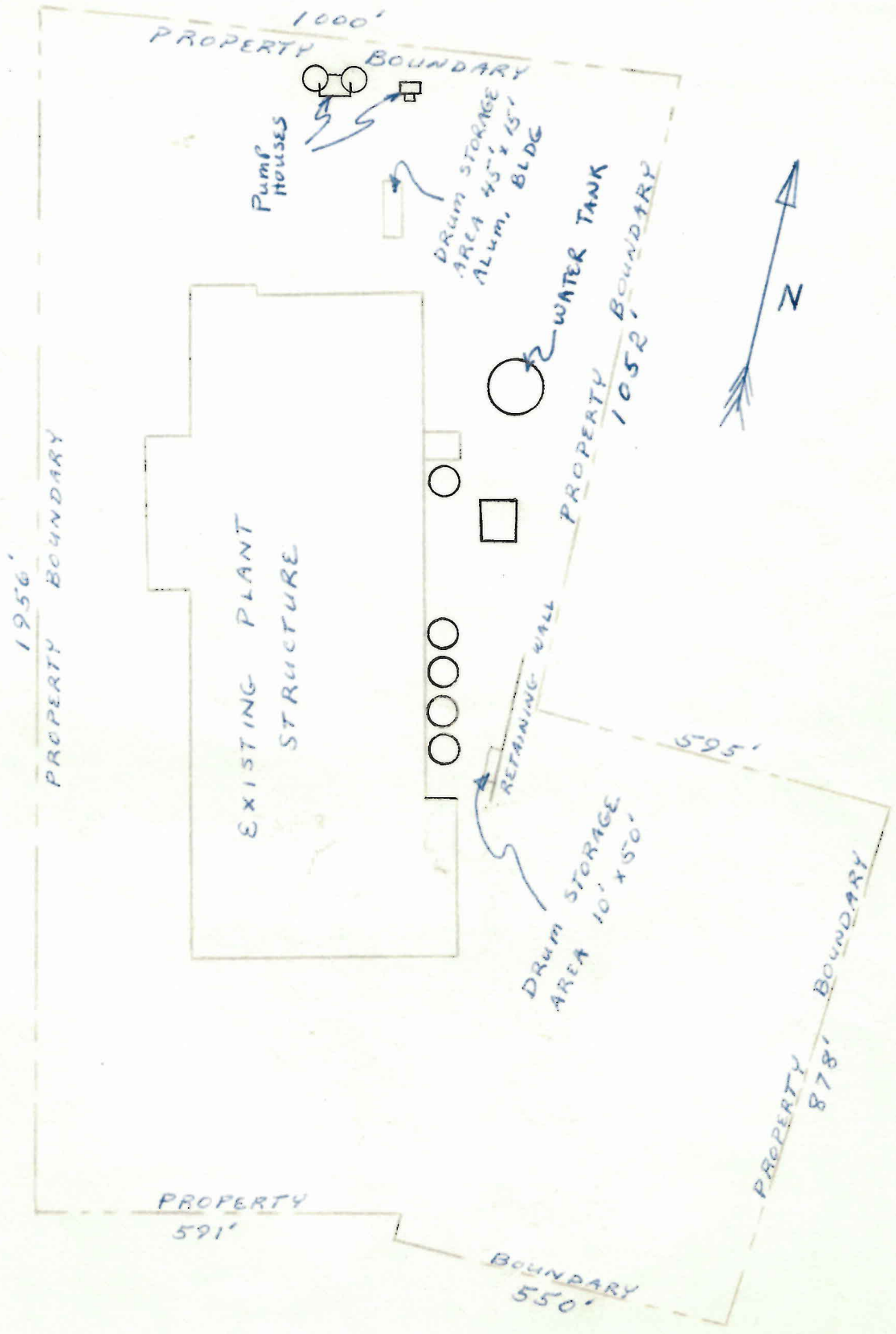
A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
R. A. Devansky	Robert A Devansky	November 18, 1980

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
R. A. Devansky	Robert A Devansky	November 18, 1980

V. FACILITY DRAWING *(see page 4)*



SCALE - 1" = 250'

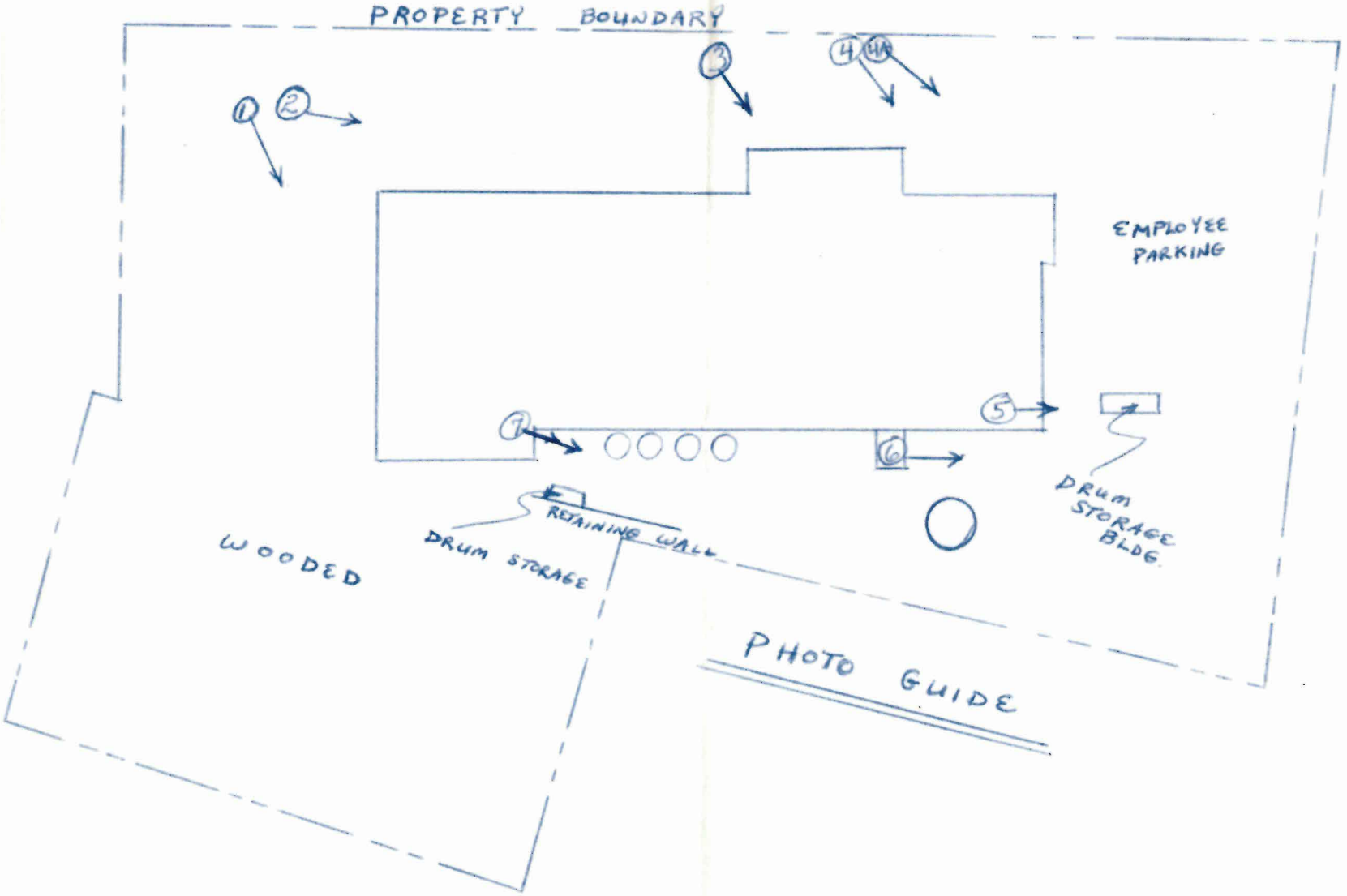

PROPERTY BOUNDARY
1
2
3
4
4A
5
6
7
EMPLOYEE PARKING
DRUM STORAGE BLDG.
RETAINING WALL
DRUM STORAGE
WOODED

PHOTO GUIDE

#3

#

#4A

#

#6

#7


PURPLE LINES SHOW
DRAINAGE DITCHES
FOR STORM WATER
RUNOFF.
FACILITY OUTLINED
IN BLUE
1 MILE
RADIUS
MIDDLESEX CO
PEMBERTON AVE
SEVENTH AVE
SHERMAN
Wells
BM 89
BM 87
OLD INMAN AVE
Plainfield Country Club
Willis Sch
Wells
TOMF
BM 87
MAPLE AVE
BORO
BDY
BM 94
LEHIGH VALLEY 4 TRACKS
MT PLEASANT
Cemetery
BM 59
Chm
Sacred Heart Sch
Office
OAK TREE RD
Oak Tree
Oak Tree Sch
SOUTH PLAINFIELD
(BM 67)
Water
NEW
Roosevelt Sch
BORO
BDY
READING
BDY
BM 70
Suz Anne Sch
LEHIGH
PARK AVE
Swimming Pool
BM 107
Pumptow


UNION CO
MIDDLESEX CO
Cedar Brook Lake
Wells
BM 89
BM 87
BM 94
BM 63
BM 67
BM 70
Plainfield Country Club
Willis Sch
High Sch
Spring Lake
Sacred Heart Sch
Post Office
Brook
LEHIGH VALLEY
4 TRACKS
OAK TREE RD
Oak Tree
Oak Tree Sch
SOUTH PLAINFIELD
(BM 67)
Roosevelt Sch
Suz Anne Sch
Pumptown
Cemetery
Water
Oil
BORO
BDY
READING
PARK AVE
NEW DOVER
PLAINFIELD RD
OLD INMAN AVE
MAPLE AVE
SEVENTH AVE
FIFTH ST AVE
TOMPKINS AVE
1 MILE RADIUS

Production Manager ☐ OTHER

INSPECTOR'S NAME: Tom Downey

DATE OF INSPECTION: 8/5/81

BRANCH/ORGANIZATION: NJDEP

TIME OF DAY INSPECTION TOOK PLACE: 1000

(1) Is there reason to believe that the facility has hazardous waste on site?

a. If yes, what leads you to believe it is hazardous waste? Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☒ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

	YES	NO	DON'T KNOW
b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?	___	X	___

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each. 25, 55-gal drums Perchloroethyle
19, 55-gal drums Varsol (Solvent NOS
5, 55 gal drums mixed solvent

(2) Does the facility generate hazardous waste?	X	___	___
(3) Does the facility transport hazardous waste?	___	X	___
(4) Does the facility treat, store or dispose of hazardous waste?	X	___	___

c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility? X ___ ___

(6) Are there ignitable, reactive or incompatible wastes on site? (§265.27) X ___ ___

a. If "YES", what are the approximate quantities?

b. If "YES", have precautions been taken to prevent accidential ignition or reaction of ignitable or reactive waste? X ___ ___

c. If "YES", explain Separate shed.

d. In your opinion, are proper precautions taken so that these wastes do not:

- generate extreme heat or pressure, fire or explosion, or violent reaction? X ___ ___
- produce uncontrolled toxic mists, fumes, dusts, or gases in sufficent quantities to threaten human health? X ___ ___
- produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions? X ___ ___
- damage the structural integrity of the device or facility containing the waste? X ___ ___
- threaten human health or the environment? X ___ ___

Please explain your answers, and comment if necessary.

e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility? No

(7) Does the facility comply with preparedness and prevention requirements including maintaining: (§265.32)

- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. X ___ ___

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. all

*(8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed? ___ X ___

___ X ___

If you have, please comment, as appropriate.

(9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain. ___ ___ X

b. Do you believe that operation of this facility may affect groundwater quality? ___ ___ X

c. If "YES", explain.

RECORDS INSPECTION

(10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)? No hazardous waste taken from off site

___ X ___

a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received? ___ ___ ___

b. How many post-November 19 manifests does it have? (If the number is large, you may estimate) 0

c. Does each manifest (or a representative sample) have the following information?

- a manifest document number ___ ___ ___

---

* This requirement applies only after November 19, 1981.

- a DOT description of the wastes — — —

- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle — — —

- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA — — —

d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain. — X —

(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13) — X —

a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? (You may check more than one)
Waste characteristics vary ____
All wastes are basically the same X
Company treats all waste as hazardous ____
Don't Know ____

Outside lab
Specific inventory of drum content kept on file.

b. Does hazardous waste come to this facility from off-site sources? — X —

c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest? — — —

NA

(12) INSPECTIONS (§265.15)

a. Does the facility have a written inspection schedule? X — —

b. Does the schedule identify the types of problems to be looked for and the frequency for inspections? X — —

c. Does the owner/operator record inspections in a log? X — —

d. Is there evidence that problems reported in the inspection log have not been remedied? If "YES," please explain. — X —

personnel in jobs related to hazardous waste management? ___ X ___

- actual training or experience received by personnel? ___ X ___

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste? (§265.51) X ___ ___

a. Does the plan describe arrangements made with local authorities? X ___ ___

b. Has the contingency plan been submitted to local authorities? X ___ ___

How do you know?

c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? X ___ ___

d. Does the plan have a list of what emergency equipment is available? ___ X ___

e. Is there a provision for evacuating facility personnel? X ___ ___

f. Was an Emergency Coordinator present or on call at the time of the inspection? X ___ ___

(15) Does the owner/operator keep a written operating record with: (§265.73) No wastes taken in

- a description of wastes received with methods and dates of treatment, storage or disposal? ___ ___ ___

- location and quantity of each waste? ___ ___ ___

- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility? ___ ___ ___

- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? ___ ___ ___

*(16) Does the facility have written closure and post-closure plans? (§265.110) X ___ ___

a. Does the written closure plan include:

- a description of how and when the facility will be partially (if applicable) and ultimately closed? NA ___ ___ ___

---

* Effective date for this requirement is May 19, 1981.

	the anticipated date when wastes will no longer be received and when final closure will be completed?	NA		
b.	What is the anticipated date for final closure?			X
†c.	Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities?	X		
d.	Does the written post-closure plan include:			
	- a description of planned groundwater monitoring activities and their frequencies during post-closure?		X	
	- a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure?		X	
	- the name, address and phone number of a person or office to contact during post-closure?	X		
*(17)	Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it?	X		
*(18)	Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144)	X		
*(19)	Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90)	NA		
a.	Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste mangement area?			
b.	Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area?			

† This section applies only to disposal facilities.

* Effective date for this requirement is May 19, 1981.

Surface Impoundment p. 8 | Surface Impoundment pp. 8-9 | Land Treatment pp. 9, 10

Container p. 7 | Incineration pp. 12-13 | Surface Impoundment p. 8

Tank, above ground p. 8 | Thermal Treatment pp. 12-13 | Other _____

Tank, below ground p. 8 | Land Treatment pp. 9-10

Other _____ | Chemical, Physical p. 13 and Biological Treatment (other than in tanks, surface impoundment or land treatment facilities)

Other _____

CONTAINERS (§265.170)

	YES	NO	DON'T KNOW
1. Are there any leaking containers? If "YES", explain.		X	
2. Are there any containers which appear in danger of leaking? If "YES", explain.		X	
3. Do wastes appear compatible with container materials?	X		
4. Are all containers closed except those in use?	X		
5. Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak?		X	
6. How often does the plant manager claim to inspect container storage areas? Weekly			
7. Does it appear that incompatible wastes are being stored in close proximity to one another? If "YES", explain.		X	
8. Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line?	X		

9. What is the approximate number and size of containers with hazardous wastes?

49, 55 gallon drums

If "YES", explain.

3. Are wastes or treatment reagents being placed in tanks which could cause them to rupture, leak, corrode or otherwise fail? If "YES", explain. ___ ___ ___

4. Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure? ___ ___ ___

5. Where hazardous waste is continuously fed into a tank, is the tank equipped with a means to stop this inflow? ___ ___ ___

6. Does it appear that incompatible wastes are being stored in close proximity to one another, or in the same tank? If "YES", explain. ___ ___ ___

7. How often does the plant manager claim to inspect container storage areas?

8. Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? If "YES", explain. ___ ___ ___

9. What is the approximate number and size of tanks containing hazardous wastes?

SURFACE IMPOUNDMENTS (§265.220)

1. Is there at least 2 feet of freeboard in the impoundment? ___ ___ ___

2. Do all earthen dikes have a protective cover to preserve their structural integrity? If "YES", specify type of covering. ___ ___ ___

3. Is there reason to believe that incompatible wastes are being placed in the same surface impoundment? If "YES", explain. ___ ___ ___

If "YES", explain.

6. Give the approximate size of surface impoundments (gallons or cubic feet).

WASTE PILES (§265.250)

1. Is the waste pile protected from wind erosion? ___ ___ ___

   a. Does it appear to need such protection? ___ ___ ___

   b. Explain what type of protection exists.

2. Does it appear that incompatible wastes are being stored in the same waste pile? ___ ___ ___
   If "YES", explain.

3. Is leachate run-off from a pile a hazardous waste? ___ ___ ___
   If "YES", explain this determination and answer (a) and (b) below.

   a. Is the pile placed on an impermeable base that is compatible with the waste? ___ ___ ___

   b. Is the pile protected from precipitation and run-on? ___ ___ ___

4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite? ___ ___ ___
   Please explain or indicate if no such wastes are present.

   Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste? ___ ___ ___
   Please explain.

5. How many waste piles are on site, and approximately how large are they?

LAND TREATMENT (§265.270)

1. Can the facility operator demonstrate that the hazardous waste has been made less or non-hazardous by biological degradation or chemical reactions occurring in or on the soil? ___ ___ ___
   Please explain.

document that arsenic, lead and mercury:

- will not be transferred to the crop or ingested by food chain animals or ___ ___ ___

- will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils. ___ ___ ___

b. Has notification of the growing of the food chain crops been made to the Regional Administrator? ___ ___ ___

5. Is there a written and implemented plan for unsaturated zone monitoring? ___ ___ ___

6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility? ___ ___ ___

7. Do the closure and post-closure plans address:

a. control of migration of hazardous wastes into the groundwater? ___ ___ ___

b. control of run-off, release of airborne particulate contaminants? ___ ___ ___

c. compliance with requirements for the growth of food-chain crops (if they are present)? ___ ___ ___

8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition? If "YES", explain. ___ ___ ___

9. Are incompatible wastes placed in the same land treatment area? If "YES", explain. ___ ___ ___

10. What is the area of the land receiving hazardous waste treatment? ___ ___ ___

LANDFILLS (§265.300)

†1. Is run-on diverted away from the active portions of the landfill? ___ ___ ___

†2. Is run-off from active portions of the landfill collected? ___ ___ ___

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* Effective date for these requirements is May 19, 1981.

† These requirements are effective November 19, 1981.

- the exact location and dimensions of each cell ___ ___ ___

- the contents of each cell and approximate location of each hazardous waste type ___ ___ ___

5. Do the closure and post-closure plans address:

   - control of pollutant migration via ground water? ___ ___ ___

   - control of surface water infiltration? ___ ___ ___

   - prevention of erosion? ___ ___ ___

6. Is ignitable or reactive waste treated before being placed in the landfill? Explain how you know. ___ ___ ___

7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell? If"NO", explain. ___ ___ ___

8. Are bulk or non-containerized wastes containing free liquids placed in the landfill? If "YES", ___ ___ ___

   a. Does the landfill have a liner which is chemically and physically resistant to the added liquid? ___ ___ ___

   b. Is the waste treated and stabilized so that free liquids are no longer present? ___ ___ ___

*9. Are containers holding liquid waste or waste containing free liquids placed in the landfill? ___ ___ ___

10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills? ___ ___ ___

    If so, are they crushed flat, shredded or similarly reduced in volume before they are buried? ___ ___ ___

11. What is the approximate area of the hazardous waste landfill?

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* Effective date for this requirement is November 19, 1981.

2. Was hazardous waste being incinerated or thermally treated during your inspection? If "YES", answer all following questions. If "NO", answer only questions 3 and 7. ___ ___ ___

3. Has waste analysis been performed (and written records kept) to include:

- heating value of the waste ___ ___ ___
- halogen content ___ ___ ___
- sulfur content ___ ___ ___
- concentration of lead ___ ___ ___
- concentration of mercury ___ ___ ___

NOTE: Waste analysis need not be performed on each waste load if if there are documented data available to show waste characteristics that do not vary. If there are such documented data available, check here [ ].

4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes? ___ ___ ___

5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for:

- waste feed ___ ___ ___
- auxiliary fuel feed ___ ___ ___
- air flow ___ ___ ___
- incinerator temperature ___ ___ ___
- scrubber flow ___ ___ ___
- scrubber pH ___ ___ ___
- relevant level controls ___ ___ ___

Every hour for:

- stack plume (color and opacity) ___ ___ ___

5. Is there open burning of hazardous waste? ___ ___ ___

	YES	NO	DON'T KNOW
6. Does the incinerator appear to be operating properly? (Do emergency shutdown controls and system alarms seem to be in good working order?) Please explain.	___	___	___
a. Is there any evidence of fugitive emissions?	___	___	___
7. Is the residue from the incinerator treated by the owner as a hazardous waste? Please explain.	___	___	___

8. What types of air pollution control devices (if any) are installed on the incinerator?

CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (§265.400)

1. Does the treatment process system show any signs of ruptures, leaks, or corrosion? Please explain.	___	___	___
2. Is there a means to stop the inflow of continuously-fed hazardous wastes?	___	___	___
3. Is there ignitable or reactive waste fed into the treatment system?	___	___	___
If "YES", has it been treated or protected from any material or conditions which may cause it to ignite or react? If so, explain how.	___	___	___
Are the incompatible wastes placed in the same treatment process? If "YES", explain.	___	___	___

5. Describe the treatment system at this facility.

/ / OTHER

INSPECTOR'S NAME: Bob Dante DATE OF INSPECTION: 11/10/81

BRANCH/ORGANIZATION: NJDEP TIME OF DAY INSPECTION TOOK PLACE: 10:00 AM

(1) Is there reason to believe that the facility has hazardous waste on site? yes

a. If yes, what leads you to believe it is hazardous waste? Check appropriate box:

/✓/ Company admits that its waste is hazardous during the inspection.

/✓/ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

/ / The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

/ / The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

/✓/ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

/✓/ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

/ / Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

	YES	NO	DON'T KNOW
b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?	___	✓	___

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

Perk chloroethylene, 25, 55 gallon
Varsol 23, 55 gallon drums

(2) Does the facility generate hazardous waste?	✓	___	___
(3) Does the facility transport hazardous waste?	___	✓	___
(4) Does the facility treat, store or dispose of hazardous waste?	✓	___	___

c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility? ✓ ___ ___

(6) Are there ignitable, reactive or incompatible wastes on site? (§265.27) ✓ ___ ___

a. If "YES", what are the approximate quantities?

b. If "YES", have precautions been taken to prevent accidential ignition or reaction of ignitable or reactive waste? ✓ ___ ___

c. If "YES", explain

d. In your opinion, are proper precautions taken so that these wastes do not:

- generate extreme heat or pressure, fire or explosion, or violent reaction? ✓ ___ ___
- produce uncontrolled toxic mists, fumes, dusts, or gases in sufficent quantities to threaten human health? ✓ ___ ___
- produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions? ✓ ___ ___
- damage the structural integrity of the device or facility containing the waste? ✓ ___ ___
- threaten human health or the environment? ✓ ___ ___

Please explain your answers, and comment if necessary.

e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility? NO

(7) Does the facility comply with preparedness and prevention requirements including maintaining: (§265.32)

- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. They have all of the above ✓ ___ ___

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. See above

*(8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed? NA ___ ___

___ ___ ___

If you have, please comment, as appropriate.

(9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain. ___ ✓ ___

b. Do you believe that operation of this facility may affect groundwater quality? ___ ✓ ___

c. If "YES", explain.

RECORDS INSPECTION

(10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)? NA ___ ✓ ___

a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received? ___ ___ ___

b. How many post-November 19 manifests does it have? (If the number is large, you may estimate)

c. Does each manifest (or a representative sample) have the following information?

- a manifest document number ___ ___ ___

---

* This requirement applies only after November 19, 1981.

- a DOT description of the wastes

- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle

- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA

d. Are there any indications that unmanifested hazardous wastes have been received since - November 19, 1980? If YES, explain.

(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13) ✓

a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? (You may check more than one)
Waste characteristics vary _____
All wastes are basically the same ✓
Company treats all waste as hazardous _____
Don't Know _____

b. Does hazardous waste come to this facility from off-site sources? ✓

c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest? NA

(12) INSPECTIONS (§265.15)

a. Does the facility have a written inspection schedule? ✓

b. Does the schedule identify the types of problems to be looked for and the frequency for inspections? ✓

c. Does the owner/operator record inspections in a log? ✓

d. Is there evidence that problems reported in the inspection log have not been remedied? If "YES," please explain. ✓

personnel in jobs related to hazardous waste management? ✓ ___ ___

- actual training or experience received by personnel? ✓ ___ ___

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste? (§265.51) ✓ ___ ___

a. Does the plan describe arrangements made with local authorities? ✓ ___ ___

b. Has the contingency plan been submitted to local authorities? ✓ ___ ___

How do you know?

c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? ✓ ___ ___

d. Does the plan have a list of what emergency equipment is available? ✓ ___ ___

e. Is there a provision for evacuating facility personnel? ✓ ___ ___

f. Was an Emergency Coordinator present or on call at the time of the inspection? ✓ ___ ___

(15) Does the owner/operator keep a written operating record with: (§265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal? NA ___ ___

- location and quantity of each waste? NA ___ ___

- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility? NA ___ ___

- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? NA ___ ___

*(16) Does the facility have written closure and post-closure plans? (§265.110) ✓ NA ___

a. Does the written closure plan include:

- a description of how and when the facility will be partially (if applicable) and ultimately closed? NA ___ ___

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* Effective date for this requirement is May 19, 1981.

the anticipated date when wastes will no longer be received and when final closure will be completed? N/A

b. What is the anticipated date for final closure? N/A

†c. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities? N/A

d. Does the written post-closure plan include:

- a description of planned groundwater monitoring activities and their frequencies during post-closure? ✓

- a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure?

- the name, address and phone number of a person or office to contact during post-closure?

*(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it? $5,000 ✓

*(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144) N/A

*(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90)

a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste mangement area? N/A

b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area?

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† This section applies only to disposal facilities.

* Effective date for this requirement is May 19, 1981.

Surface Impoundment p. 8 | Surface Impoundment pp. 8-9 | Land Treatment pp. 9, 10

Container p. 7 | Incineration pp. 12-13 | Surface Impoundment p. 8

Tank, above ground p. 8 | Thermal Treatment pp. 12-13 | Other _____

Tank, below ground p. 8 | Land Treatment pp. 9-10

Other _____ | Chemical, Physical and Biological Treatment (other than in tanks, surface impoundment or land treatment facilities) p. 13

Other _____

CONTAINERS (§265.170)

	YES	NO	DON'T KNOW
1. Are there any leaking containers? If "YES", explain.		✓	
2. Are there any containers which appear in danger of leaking? If "YES", explain.		✓	
3. Do wastes appear compatible with container materials?	✓		
4. Are all containers closed except those in use?	✓		
5. Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak?		✓	
6. How often does the plant manager claim to inspect container storage areas? weekly			
7. Does it appear that incompatible wastes are being stored in close proximity to one another? If "YES", explain.		✓	
8. Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line?	✓		
9. What is the approximate number and size of containers with hazardous wastes? 48, 55 gallon drums			

If "YES", explain.

3. Are wastes or treatment reagents being placed in tanks which could cause them to rupture, leak, corrode or otherwise fail? If "YES", explain. ___ ___ ___

4. Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure? ___ ___ ___

5. Where hazardous waste is continuously fed into a tank, is the tank equipped with a means to stop this inflow? ___ ___ ___

6. Does it appear that incompatible wastes are being stored in close proximity to one another, or in the same tank? If "YES", explain. ___ ___ ___

7. How often does the plant manager claim to inspect container storage areas?

8. Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? If "YES", explain. ___ ___ ___

9. What is the approximate number and size of tanks containing hazardous wastes?

SURFACE IMPOUNDMENTS (§265.220)

1. Is there at least 2 feet of freeboard in the impoundment? ___ ___ ___

2. Do all earthen dikes have a protective cover to preserve their structural integrity? If "YES", specify type of covering. ___ ___ ___

3. Is there reason to believe that incompatible wastes are being placed in the same surface impoundment? If "YES", explain. ___ ___ ___

If "YES", explain.

6. Give the approximate size of surface impoundments (gallons or cubic feet).

WASTE PILES (§265.250)

1. Is the waste pile protected from wind erosion? ___ ___ ___

   a. Does it appear to need such protection? ___ ___ ___

   b. Explain what type of protection exists.

2. Does it appear that incompatible wastes are being stored in the same waste pile? ___ ___ ___
   If "YES", explain.

3. Is leachate run-off from a pile a hazardous waste? ___ ___ ___
   If "YES", explain this determination and answer (a) and (b) below.

   a. Is the pile placed on an impermeable base that is compatible with the waste? ___ ___ ___

   b. Is the pile protected from precipitation and run-on? ___ ___ ___

4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite? ___ ___ ___
   Please explain or indicate if no such wastes are present.

   Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste? ___ ___ ___
   Please explain.

5. How many waste piles are on site, and approximately how large are they?

LAND TREATMENT (§265.270)

1. Can the facility operator demonstrate that the hazardous waste has been made less or non-hazardous by biological degradation or chemical reactions occurring in or on the soil? ___ ___ ___
   Please explain.

document that arsenic, lead and mercury:

- will not be transferred to the crop or ingested by food chain animals or ___ ___ ___

- will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils. ___ ___ ___

b. Has notification of the growing of the food chain crops been made to the Regional Administrator? ___ ___ ___

5. Is there a written and implemented plan for unsaturated zone monitoring? ___ ___ ___

6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility? ___ ___ ___

7. Do the closure and post-closure plans address:

a. control of migration of hazardous wastes into the groundwater? ___ ___ ___

b. control of run-off, release of airborne particulate contaminants? ___ ___ ___

c. compliance with requirements for the growth of food-chain crops (if they are present)? ___ ___ ___

8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition? If "YES", explain. ___ ___ ___

9. Are incompatible wastes placed in the same land treatment area? If "YES", explain. ___ ___ ___

10. What is the area of the land receiving hazardous waste treatment? ___ ___ ___

LANDFILLS (§265.300)

†1. Is run-on diverted away from the active portions of the landfill? ___ ___ ___

†2. Is run-off from active portions of the landfill collected? ___ ___ ___

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* Effective date for these requirements is May 19, 1981.

† These requirements are effective November 19, 1981.

each cell ___ ___ ___

- the contents of each cell and approximate location of each hazardous waste type ___ ___ ___

5. Do the closure and post-closure plans address:

- control of pollutant migration via ground water? ___ ___ ___

- control of surface water infiltration? ___ ___ ___

- prevention of erosion? ___ ___ ___

6. Is ignitable or reactive waste treated before being placed in the landfill? Explain how you know. ___ ___ ___

7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell? If "NO", explain. ___ ___ ___

8. Are bulk or non-containerized wastes containing free liquids placed in the landfill? If "YES", ___ ___ ___

a. Does the landfill have a liner which is chemically and physically resistant to the added liquid? ___ ___ ___

b. Is the waste treated and stabilized so that free liquids are no longer present? ___ ___ ___

*9. Are containers holding liquid waste or waste containing free liquids placed in the landfill? ___ ___ ___

10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills? ___ ___ ___

If so, are they crushed flat, shredded or similarly reduced in volume before they are buried? ___ ___ ___

11. What is the approximate area of the hazardous waste landfill?

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* Effective date for this requirement is November 19, 1981.

2. Was hazardous waste being incinerated or thermally treated during your inspection? If "YES", answer all following questions. If "NO", answer only questions 3 and 7. ___ ___ ___

3. Has waste analysis been performed (and written records kept) to include:

- heating value of the waste ___ ___ ___
- halogen content ___ ___ ___
- sulfur content ___ ___ ___
- concentration of lead ___ ___ ___
- concentration of mercury ___ ___ ___

NOTE: Waste analysis need not be performed on each waste load if if there are documented data available to show waste characteristics that do not vary. If there are such documented data available, check here [ ].

4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes? ___ ___ ___

5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for:

- waste feed ___ ___ ___
- auxiliary fuel feed ___ ___ ___
- air flow ___ ___ ___
- incinerator temperature ___ ___ ___
- scrubber flow ___ ___ ___
- scrubber pH ___ ___ ___
- relevant level controls ___ ___ ___

Every hour for:

- stack plume (color and opacity) ___ ___ ___

5. Is there open burning of hazardous waste? ___ ___ ___